UNITED
NATIONS

E

Economic and Social Council

Distr.
GENERAL

E/CN.6/1994/3
27 January 1994

ORIGINAL: ENGLISH

COMMISSION ON THE STATUS OF WOMEN
Thirty-eighth session
New York, 7-18 March 1994
Item 5 (b) of the provisional agenda*

PRIORITY THEMES

DEVELOPMENT: WOMEN IN URBAN AREAS: POPULATION, NUTRITION AND HEALTH FACTORS FOR WOMEN IN DEVELOPMENT, INCLUDING MIGRATION, DRUG CONSUMPTION AND ACQUIRED IMMUNODEFICIENCY SYNDROME

Report of the Secretary-General

SUMMARY

The Commission on the Status of Women, at its thirty-fourth session, selected the issue "Women in urban areas: population, nutrition and health factors for women in development, including migration, drug consumption and AIDS" as the priority theme in the area of development for consideration at its thirty-eighth session. In the present report, on the basis of discussions at a seminar organized to discuss the theme, the factors behind the proportion of women in urban areas are examined, as are the relative roles of the State and community, non-governmental organizations, and market in combating poverty in urban settlements. Recommendations are made for possible action.

* E/CN.6/1994/1.

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INTRODUCTION

1. The Economic and Social Council established, by its resolution 1990/15, the priority themes for each session of the Commission on the Status of Women from 1993 to 1996. The theme for the thirty-eighth session under the heading "Development" is "Women in urban areas: population, nutrition and health factors for women in development, including migration, drug consumption and AIDS".

2. In order to help prepare the theme, a seminar on urban women, organized by the Division for the Advancement of Women, Department for Policy Coordination and Sustainable Development, United Nations Secretariat, was held from 22 to 25 November 1993 in INSTRAW, Santo Domingo, Dominican Republic, in order to focus on the issues and make policy recommendations to the Commission. The main conclusions and recommendations of the seminar are presented below. The analyses in the report draw on those prepared for the seminar.

I. CONCLUSIONS AND RECOMMENDATIONS

3. Gender-sensitive approaches to urban development should be an integral part of urban policy, programming and practice. Training and organizational development need to be encouraged so as to institutionalize gender responsiveness as part of normal planning procedures, technical competence and consultative and participatory practices.

4. One of the most critical issues for women in cities is urban land tenure and property relations. Legislative reform which removes obstacles to women's access to land ownership and which protects women in terms of property is a vital first step in addressing gender imbalances in the city. To effectively address this issue, research is needed which freshly analyses legal and paralegal land markets, tenure relations, security of title, unregulated housing submarkets and rental markets in terms of gender relations in the city.

5. Housing policy and programmes need to recognize the particular constraints faced by women and women-headed households in gaining access to housing. These need to be addressed in terms of eligibility criteria, access to information, housing finance, transaction costs, location, design, and construction arrangements and location. Resettlement and evictions should be avoided, since they particularly increase the vulnerability of women and children and because women bear the brunt of traumatized and dislocated communities.

6. Supply and improvement of residential infrastructure and services, such as water, sanitation, solid-waste management, electricity, transport, and child care should be given high priority since they have considerable potential for improving family health and reducing women's domestic burden and caring responsibilities, increasing their time for other pursuits.

7. Poverty, alcohol and drug abuse, overcrowding, the absence of communal space and competition for scarce resources lead to domestic violence and social tensions in cities. Social conflicts affect women, men, boys, and girls and the

elderly differently. Decisions about urban design, priorities in urban service provision, and policing and public safety need to be based on an understanding of different gender and age needs and vulnerabilities. Violence in cities is related to domestic violence in households across all income groups, affecting women and children in particular.

8. Gender relations in the arena of urban politics are not yet well articulated. At a conceptual level, the notion of governance, which refers to relations between civil society and the state, offers a useful entry for thinking about gender relations in the city. Given the active engagement of women in urban-based struggles, the empowerment of women in civil society, politics and in state structures is a basic requisite for "good governance".

9. A holistic and integrated approach to urban development, involving partnership and participation of the public, private and community sectors, must involve both women and men at all stages of the development process, from identification through decision-making to implementation. Municipal governments have been unable on their own, and without genuine decentralization, efficiently to deliver urban services. In the absence of effective urban management and local government, non-governmental organizations, communities, and often women in communities have been organizing to service their own needs. This local action needs to be recognized.

10. Gender bias in urban labour markets begins with gender disparities in educational attainment and vocational training and labour market segmentation. It is recommended that in order to achieve gender equity and the more efficient functioning of urban labour markets, the following measures be considered:

(a) Improving women's access to education and training, including non-traditional female occupations, and the retraining of women made unemployed by economic restructuring;

(b) Providing safe public transport for women workers;

(c) Establishing workplace and neighbourhood childcare facilities, to which fathers as well as mothers have access, and implementing ILO conventions and other international standards on maternity and parental leave in the private sector as well as the public sector;

(d) Recognizing the contribution to development and needs of women in the informal sector, and extending social security to workers in it.

11. Rural women are an important link between rural and urban areas: they maintain food security and the general well-being of their families/households; they are capable of raising living standards through profitable use of remittances from urban workers. Therefore, improving rural women's status and control over resources should be considered as strategically important in efforts made at all levels towards fostering rural and urban development. Urban planners should be aware that rural/urban migration will continue to be an important component of urban growth.

12. Attention needs to be given to the identification of the differential impact of health risks to women and men in the urban setting and the work place. Policies and programmes that will respond to gender specific health care needs and minimize the health risks of urban women should be developed and the scope broadened and expanded to include health issues beyond the historic priority given to women's reproductive health.

13. A gender-responsive development strategy with action-oriented interventions, promoting responsible and positive interrelationships between men and women should be an essential component in reducing inappropriate alcohol and drug use and related consequences. International cooperation should be established at both regional and country levels and comprehensive national drug plans should be developed involving health, education, labour, police, legal and policy sectors, with emphasis on implementation at community level.

14. To prevent or at least slow the spread of the HIV/AIDS pandemic, municipal authorities and urban communities should take action to promote safer sex and drug-use practices, to provide condoms and, where appropriate, sterile injection equipment and technological support to safer behaviour, and to improve and increase the utilization of effective services for preventing sexually transmitted diseases and of sex education in order to promote youth's conscious self protection. Where women are concerned, however, these strategies must be accompanied by and integrated with strategies that address the social, cultural and economic status of women.

15. Access to nutritionally adequate and safe food is a right of each individual. National and local governments should enhance food and nutrition programmes to prevent food and water-borne diseases and to ensure access to nutritionally adequate food supply at the urban-household level, especially for urban poor, women, children, elderly and new immigrants by:

(a) Adopting and strengthening comprehensive measures to ensure that food production, manufacturing and trade practices comply with the applicable requirements of quality and safety in order to protect consumers from unsafe, low-quality, adulterated, mislabelled or contaminated food;

(b) Improving urban women's knowledge of nutrition and thus their decisions in the selection, preparation and allocation of household food for the family. Particular attention must be paid to ensure equity in the allocation of food between girls and boys;

(c) Encouraging adult males and boys to take part in and take responsibility for the nutritional well-being and support of their partner(s) and offspring and to ensure household food allocation to women and children and elderly;

(d) Encouraging breast-feeding of infants and young children. All women should be enabled to breast-feed their babies for the first four to six months, while being given appropriate supplementary food. Governments, non-governmental organizations, community organizations and private-sector employers should provide maximum support to women, especially urban female workers, who breast-feed, whether they are formally or informally employed or doing unpaid

work. ILO conventions and regulations covering this subject may be used as a starting-point for the States that agree with them.

16. Population and reproductive health programmes should be placed in the broader context of primary health care services and should define reproductive choice as a basic right and a health issue which respects the dignity and privacy of women. They should improve the potential of success and sustainability of population and reproductive health programmes by integrating the perspectives of women as well as men into the development and implementation of population policies and programmes. Urban authorities need to make concerted efforts to ensure the availability and accessibility of safe, effective, affordable and acceptable contraceptive methods and information and improve women's control over them. Special outreach efforts should be provided to teenagers and should be made to prevent teenage pregnancy.

17. Although a number of projects that have been carried out have been directed at women, gender relations are not necessarily altered by such efforts. In some cases women's and men's traditional roles have been reinforced. A larger-range perspective must be adopted in project developments which seeks to address critical gender relations in households, the work place, communities and the city. The real success of a project from a gender perspective has to be measured in terms of the empowerment of women, including the development and institutionalizing of gender-alert monitoring and evaluation tools. Urban policies, programmes and the practice of urban management should incorporate a gender perspective and be sensitive to gender implications in both project formulation and implementation.

18. Urban development has tended to treat women as passive beneficiaries of welfare projects and programmes. Future orientation in urban development needs to include women alongside men as social and development actors and urban clients in their own right.

19. Conceptual and operational methodologies and tools for gender research, planning and technical competence need to be developed and adopted through training and organizational development, in order to be appropriate for local, regional, sectoral and organizational specificities.

20. In advancing the position and status of urban women, linkages should be made and retained with efforts at the level of international standards affecting women's rights and human rights, and legal reform for improving the working conditions and lives of women should be enforced.

21. Non-governmental organizations should be encouraged to develop gender-sensitive approaches to urban development and play a leading role in introducing them into field activities (operations) for the benefit of urban communities as a whole.

22. The communications media should be made aware of the urban issues and the urbanization process for the advancement of women. Information on gender-related urban issues should be disseminated in order to develop awareness and public opinion.

23. Urban-based culture and leisure facilities should be made available, accessible, affordable, and equally appealing to men and women. Opportunities should be provided to enhance women's creative role in the formation of urban lifestyles and socio-cultural identities.

II. URBANIZATION AND GENDER

24. The Nairobi Forward-looking Strategies for the Advancement of Women 1/ devoted only two paragraphs (284 and 285) to urban poor women. Paragraph 284 recognized that "urbanization has been one of the major socio-economic trends over the past few decades and is expected to continue at an accelerating rate. ... by the year 2000 close to half the number of women in the world will be living in urban areas". However, the Strategies did not elaborate on the consequences and implications of these trends for the status and advancement of women. It is therefore necessary briefly to review recent trends and projections in urbanization, since they not only serve as a framework for the lives of urban women but also represent challenges and opportunities for them and decision makers.

A. Urban growth: a demographic challenge to the advancement of women?

25. The urban population is growing two and a half times faster than the rural population and is expected to cross the 50 per cent mark in the year 2005, according to the most recent United Nations estimates and projections. 2/ Most urban growth is taking place in the developing countries - i.e., countries with relatively few resources. As table 1 shows, the magnitude of the increase in urban populations is daunting.

Table 1. Urban population, 1970, 1990 and 2025

(Millions)

	1970	1990	2025
Less developed regions	654	1 401	4 011
More developed regions	698	881	1 177

Source: World Urbanization Prospects: the 1992 Revision (United Nations publication, Sales No. E.93.XIII.11).

26. The increase in the developing regions in absolute numbers in 35 years between 1990 and 2025 represents a total of 2.6 billion people - i.e., nearly twice the present number. In more graphic terms, the increase represents roughly the equivalent of the total population of the world (rural and urban,

developed and developing) in 1950. The figures also show that growth in developed regions will be considerably lower and, consequently, more manageable. Such increases require a commensurate response from national and municipal authorities. In view of the role women play in providing services in urban areas, women are directly concerned with ensuring that the challenge of the numbers is taken up effectively by all who should be concerned.

27. Urban trends in developing regions are very heterogeneous and most of the growth is concentrated in Africa and in Asia, as shown in table 2.

Table 2. Urban population in selected developing regions

(Millions)

	1990		2025	
	Total	Women	Total	Women
Africa	206	101	857	421
Asia	876	420	2 665	1 296
Latin America	315	161	592	303

Source: "Urban and rural areas, by sex and age: the 1992 revision" (ESA/P/WP/120).

28. The highest rates of growth are to be expected in Africa where the urban population will be multiplied by 4; in Asia it is the absolute numbers which represent the challenge, with an increase of 1.7 billion. Latin American patterns are closer to developed regions in this respect. Strategies for women need to adapt to these regional patterns, especially taking into account that regions with few resources tend to have high rates of growth. Women must therefore develop their own strategies. Urban population growth comes from both internal growth based on the fertility of the urban population and from rural-urban migration which still accounts for 60 per cent of urban growth in the developing world. In this respect 94 developing countries have established policies to reverse or slow down the tide of rural-to-urban migration. However, one cannot artificially separate urban areas from rural ones since all interact in a complex manner. Policies for urban issues need to take into account such dynamics, particularly because rural-urban migration is influenced by the situation in the rural sector.

29. Urban areas are very diverse, ranging from small cities to mega cities. The resources required for and the difficulties encountered in organizing mega cities like São Paulo, Bombay or Lagos are on a completely different scale from those for small cities. The developing regions, which had only one mega city (of over 10 million inhabitants) in 1970, are expected to have 21 by 2010, whereas the more developed regions will have only five. However, it should be

noted that, even in year 2010, the urban population in agglomerations of 10 million or more will represent 7.6 per cent of the total urban population in the more developed regions and 12.6 per cent in the less developed ones. As table 3 shows, most of the population will still live in agglomerations below 500,000 inhabitants. The class of agglomeration 1 million-5 million is also presented in the table in view of its relative importance to total urban population.

Table 3. Urban population in agglomerations by size class for more and less developed regions

Regions	1990	2010
More developed		
10 million or more		
Population (thousands)	63 007	81 050
Percentage of urban population	7.2	7.8
1 million-5 million		
Population (thousands)	193 462	252 307
Percentage of urban population	22.0	23.8
Under 500,000		
Population (thousands)	493 597	584 380
Percentage of urban population	56.0	55.1
Less developed		
10 million or more		
Population (thousands)	113 857	343 574
Percentage of urban population	8.1	12.6
1 million-5 million		
Population (thousands)	285 917	650 293
Percentage of urban population	20.4	23.9
Under 500,000		
Population (thousands)	758 244	1 366 811
Percentage of urban population	54.1	50.3

Source: World Urbanization Prospects: the 1992 Revision (United Nations publication, Sales No. E.93.XIII.11), table A.16.

B. Other population trends

30. It is not possible to discuss all the population factors and trends of importance to the status of women, particularly since the type and size of urban agglomerations have to be taken into account at the national level.

31. Urban fertility and rural-urban migration (or intercity migration) have a major impact on the sex and age distributions of urban populations. As can be expected, urban agglomerations in the developing regions have young populations and will continue to do so in the coming years. African agglomerations have the youngest populations (e.g., 41 per cent of the population is under 15); Asia and Latin America a bit less (both close to 30 per cent under 15); and Europe (less than 20 per cent). 2/ This has a direct impact on women in terms of availability of schools for their children, childcare, overcrowding of housing and domestic burdens. It also has a more indirect impact - reducing the flexibility of women who must commute to work. In more developed regions, there is the problem of elderly women, often living alone, who need support systems. As can be seen, women's needs vary with their age, and they need to organize themselves to gain the attention of public authorities.

32. Imbalances in the sex ratio in urban areas are quite important. On an average, they are as high as 114 in southern Asia (i.e., 114 men for 100 women) and as low as 93 in western Europe. Such imbalances are often related to different migration patterns between the sexes and have an impact on such diverse issues as household structure, prostitution, and the volume of remittances sent back to families in rural areas or in the country of origin.

33. Many urban families have fewer children today. However, the number of family members with HIV/AIDS, alcohol- or drug-abuse-related problems and/or injuries or physical disabilities resulting from accidents or pollution are increasing. Since the health policies in some countries emphasize community-based care for such problems, the burden of care is increasingly shifted from institutions to the female members of the urban households. Even for cities where there is health insurance, reproductive roles limit women's productive potential and their entitlement to health insurance. Furthermore, health insurance policies tend to cover institutionalized care more than home care.

34. Living in urban areas has a major impact on the lifestyles of women, and one of the major changes can be found in the area of fertility. At the time of the Demographic Health Surveys (DHS, second half of the 1980s), contraceptive prevalence had risen to 51 per cent in urban areas (from 36 per cent at the time of the World Fertility Survey, roughly 10 years earlier), with practically no change in the gap observed between the urban and rural areas. Those differentials appear to have considerable inertia, which could be partly attributed to the earlier and greater availability of family planning services in urban areas. 3/ However, there still remains an unmet need for both spacing and limiting of the number of children in urban areas, even in countries with a long history of effective family planning programmes. 4/ Continuing efforts are therefore necessary in this area.

35. The migration of women is a complex issue. Although data are very deficient, female migration is believed to be as significant as that of men

globally. At lower levels, since local patterns vary considerably, it is difficult to generalize. Studies have shown a shift from rural-rural to rural-urban and then to urban-urban as development takes place. These changes are accompanied by a trend towards more balanced sex ratios. 5/ These trends can have important implications for policy makers and local authorities - for example, in the need for the provision of child care, if one projects a balancing of the sex ratio in the future.

C. Are urban agglomerations gender-neutral?

36. The trends and broad aggregates discussed above disguise differences in the patterns, nature and impact of urban growth - differences based not only on income but on age, race, ethnicity and gender. Gender is a crucial cross-cutting issue that needs to be understood in order for cities to respond to the challenges they face in the 1990s and beyond.

37. Urbanization is not just about the movement of people but is also about physical changes and changes in social and economic structures and processes. The growing trend towards urban residence has included large numbers of women as well as men. Women often migrate as part of household units or wider social networks but, increasingly, they also move singly and on their own account.

38. The urbanization process is accompanied by an increasing diversity of household types, with women-headed or women-maintained households emerging as an important and growing form. It is estimated that, globally, one third of households are now de facto women-headed, with the percentage often being higher in urban areas. Urban households headed or maintained by women are often poorer than those headed by men. Women from these households engage in specific economic survival strategies to balance their responsibilities for income generation and household reproduction, effectively alone, and face special problems in relation to child-rearing and when engaging in community activities.

39. The urban poor live in an entirely monetized economy and have few buffers against contingencies. They can fall back less easily on subsistence agriculture, communal resources and customary patterns of reciprocity, although informal support networks do exist. The urban poor are thus more susceptible to fluctuations in the cost of living and have been disproportionately affected by recession, inflation and the negative impacts of economic reform policies. Families have responded by increasing the number of working hands, so that income generation has become a matter of necessity for both women and children.

40. The urbanization process places challenges on the customary gender division of labour, evidenced by rising levels of male unemployment and the feminization of the labour force in many cities. The increase in the number of women-maintained families or families vitally dependent on women's economic contribution for household survival is placing stress on urban gender relations.

41. In addition to being vital to the livelihoods of urban households, women are increasingly visible in individual and collective coping mechanisms and in the organization and management of urban neighbourhoods. Their participation in local and national decision-making structures, however, is less obvious, and

they are invariably excluded from urban development processes except as passive beneficiaries of welfare provision or as implementors, rather than formulators, of community development projects.

42. New forms of cooperation and partnership which muster a broad complement of material and human resources for urban infrastructure and service delivery and management need to include both women and men at all stages. All too often, women are excluded from the formulation, design and allocation stages of programmes and projects, and are only brought in for implementation. To include women in decision-making is important for purposes of equity and sustainability as well as efficiency.

43. Urban policies fail to cater for the differential needs of women and men at different stages of their life cycles and within a variety of household forms. Categories currently used in an aggregate way - "the community", "the household", "the neighbourhood", "the urban poor" - need to be disaggregated on the basis of gender and age. Within these categories, it is necessary to understand and respond to the roles and responsibilities of both men and women, their different access to and control over resources and decision-making, and their mutual and conflicting needs and interests.

III. PRACTICAL IMPLICATIONS OF A GENDER PERSPECTIVE

44. In practice, a gender perspective in urban development has been to add women on to existing strategies, either through special projects for women or women's components included as addendum to broader urban programmes. Integrating the gender variable into enabling strategies and participatory practice in urban development means not merely including women as a "vulnerable group" or a "special interest" issue but to include gender as a cross-cutting issue, recognizing and responding to the different roles and responsibilities of men and women and the cooperative and conflictual gender relations between them. In looking for gender-aware strategies for the urban sector which are replicable, the focus needs to be on processes and forms, rather than on blueprint solutions.

A. Property and land tenure

45. Property and land tenure relations are critical issues, particularly from a gender perspective, because they provide basic security for households in general and to women-headed households in particular. Security of land tenure gives women greater access to credit, provides them with a secure place of residence and work, especially where work is home-based, and improves the well-being of the family. It also helps in increasing the income of households supported by women.

46. Providing security of tenure to women-supported households leads to greater investment on the part of women, in improvements in the property and the physical environment. This, in turn, helps households escape the poverty trap and have a positive impact on the upbringing of children.

47. Security of tenure promotes greater participation of women in community management. The feeling of belonging encourages investment in the improvement not only of dwelling units but also the neighbourhood as a whole. A stake in the place of residence also enables communities to demand from authorities the right to services, which leads to an overall improvement in the quality of life and environment in urban neighbourhoods.

B. Housing

48. When housing programmes and upgrading schemes present opportunities for the improvement of human settlements, women are often excluded on the basis of eligibility criteria, access to information, location of settlements, arrangements for housing finance and methods of construction such as self-help schemes. Projects are designed without reference to women's economic, domestic or community responsibilities and have focused on providing for the needs of the presumed male head of household, virtually ignoring, a priori, the large number of women who head or maintain households.

49. Therefore, housing policy needs to recognize different household types and needs in housing provision and design and the particular constraints faced by women. Selection criteria and housing finance in terms of down payments, credit and monthly repayments, need to accommodate women's income streams which are often irregular and insecure. Information facilitating access to housing schemes needs to take into account where women meet, their levels of literacy and familiarity and confidence with official procedures and paper work. Attention must be paid to the extra burdens imposed on women in urban projects which incorporate self-help schemes and loans. These should be geared towards not only material provision but also construction costs.

50. The location of settlements on the periphery of cities can have particular costs for women: financial costs in terms of transport to work, markets and other facilities, opportunity costs in terms of time and energy, and psychological costs in terms of separation from children.

C. Infrastructure

51. The gender implications of provision of infrastructure need to be clearly understood if the quality of life in urban areas is to be improved. Since women are generally responsible for domestic work, a significant percentage of their time is spent working with water. Availability of clean and reliable water supply in adequate quantities will allow women to use the time spent on water-related chores for following other pursuits, including productive work and leisure activities.

52. Provision of adequate water also reduces tensions which often have a negative impact on women, both within households and in communities, leading to improved social relations, for example, by reducing competition at wells for scarce water.

53. Community participation in the provision of infrastructure often relies heavily on women's unpaid labour. The need for women to balance economic, domestic and community responsibilities should be borne in mind by those who make demands on their time.

54. User charges and cost recovery for infrastructure should recognize and provide for the particular strains they put on the budgets of low-income and - in particular - women-supported households.

55. Inadequate sanitation facilities particularly affect women, who often have to use communal toilets and open spaces where they lack privacy and are exposed to harassment and danger. Increasing population density is reducing open spaces, making the provision of sanitation an increasing priority for women.

56. The availability of domestic electricity has generally not been considered a priority item as far as urbanization or gender-related problems are concerned. However, it is important to realize the impact of lack of domestic electricity on the time and energy of women. Without it, women have to use polluting fuels such as charcoal, wood and kerosene, which have adverse effects on their health. Lack of electricity impedes the efficient management of household chores.

D. The urban physical environment

57. The rapid growth of cities and towns is taking place in the context of a deteriorating urban environment. Environmental degradation includes industrial pollution and poor working conditions, as well as the so-called "brown agenda": environmental problems associated with traffic congestion, poor and contaminated water supply; inadequate sanitation, sewerage and drainage; and deficiencies in solid waste management. The urban poor are particularly affected, since they often form neighbourhoods in areas that are unsuited to human settlement, such as hillsides, garbage dumps, swampy areas and on lots near sources of industrial pollution.

58. Because many of women's activities take place within their communities, women are often thought to be the custodians of the environment and, indeed, there is ample evidence of women's engagement in community management and organizing to better their surroundings. However, their commitment to improving the urban environment is often unmatched by official support or encouragement, and they are frequently excluded from relevant decision-making processes and planning.

E. The urban social environment

59. Many social tensions accompany city life, particularly in low-income neighbourhoods. High density, overcrowding, the absence of communal spaces and recreational facilities all contribute to social conflict. The appropriation of household space for production activities, while providing women with the chance to combine productive and domestic tasks, can lead to further stresses on poorer households. These factors, together with those such as male unemployment and substance abuse, account for increased levels of domestic violence.

60. Violence is not confined to the home and is exacerbated by competition for scarce resources. Tensions are manifested in neighbourhood rivalries which often take the form of ethnic conflict. Gender issues have to be taken into account in relation to violence, which is becoming an increasingly important part of mortality and morbidity patterns in many cities. Violence affects women and men in different ways, both in its nature and where it takes place. Women are often attacked in the home but are also vulnerable outside it. Women's mobility is often restricted by fear of theft or sexual attack in the absence of street lighting or in isolated or crowded places. Women avoid certain destinations or forms of transport, try to travel at certain times of day or in groups. Men, and particularly young men, can be victims of gang warfare, money lenders and urban mafia. Urban street children and youth face distinctive problems as targets of urban violence.

61. Thus decisions about urban design and priorities in the provision of urban services as well as decisions around policing and public safety need to be based on an understanding of different gender needs in respect of public safety.

F. Urban management

62. If cities are to be well managed in order to ensure delivery of basic urban services and urban productivity, municipal governments in the developing world must be strengthened. This implies decentralization and empowerment of local authorities to raise revenues, pass laws, hold elections and manage a city's affairs. To date, urban management has been considered from the perspective of the State, concentrating on efficiency, accountability, delivery and management of urban services and financial management of a city's accounts.

63. One weakness in the current urban management approach is the disconnectedness from the functional relationships of urban community groups. In the absence of effective local government, local groups, community-based organizations and non-governmental organizations have been organizing to service their own needs, in terms of housing, transport, and basic infrastructure services. This local action needs to be better linked to improvements and reforms in urban management. Otherwise, management schemes imposed from above will not take account, or advantage, of local activities already in operation on the ground. Where individuals, community groups etc. are active in the construction, management and maintenance of housing, urban infrastructure and services, there are potential costs to these groups and to the local government if urban management schemes are considered separately from these local actions.

G. Urban governance

64. Gender relations in the arena of urban politics of the developing world are not yet well articulated. At a conceptual level, the notion of governance offers a useful entry for thinking about gender relations in the city. Governance refers to the relations between civil society and the State. Governance, as distinct from government, refers to a system of governing which is concerned with the nature of the relationship between rulers and the ruled, the State and society, the government and the governed. 6/

65. On the role of civil society in this relationship, it is critical to consider gender and the differential ability of women and men to participate fully in economic and political decision-making by the State. Given the active engagement of women in urban-based struggles for resources, the empowerment of women in civil society is a basic requisite for "good governance". Separating the struggles of women for urban services from political institutions has led to the creation of popular organizations working at the "functional level". This separation needs to be better understood, with a view to elevating the gender-based struggles to the level of urban politics. Direct election of women to local councils and to higher levels of government and the empowerment of women within political parties, community-based organizations and non-governmental organizations, as a basis for effective participation in government, will contribute to progress in confronting women's subordination and the persistent inequalities of opportunity, income and basic rights to own property and gain access to credit in society.

H. Urban employment and labour markets

66. Since women's access to employment and their position in the urban labour market are determined in part by educational attainment and vocational training, it is important that gender disparities in these areas be acknowledged and that steps be taken to improve women's access to education and training, with a view towards gender equity and more efficient functioning of urban labour markets.

67. Women's ability to compete on an equal basis with men in urban labour markets is constrained by inadequate public transportation to workplaces and lack of social services, provisions for childcare, and maternity leave. Therefore, steps should be taken to provide safe and functioning transport for women workers and to establish workplace and neighbourhood childcare facilities, to which fathers as well as mothers have access. ILO conventions on maternity and parental leave should be adopted and implemented in the private sector as well as the public sector.

68. Gender bias in economic restructuring - which frequently leads to higher rates of female unemployment relative to male unemployment, especially (but not exclusively) in white-collar occupations and professions such as public administration and social services - should be acknowledged and steps taken to alleviate the burden of unemployment among women or to retrain unemployed women to ensure their ability to re-enter the labour market.

69. Although the increasing use by management of "flexible" labour may be advantageous to certain categories of women who prefer to work at home in order more easily to combine productive and reproductive work, it exposes many other categories of working women or poor urban women, including migrant workers, to insecure, unstable, low-wage, and sometimes hazardous work conditions, whether at home, in other informal economic activities, or at industrial workplaces. This is an appropriate area for government intervention to ensure some social protection for workers in flexible labour markets.

70. Women's contribution to the development of the urban and formal sectors should be recognized and matched by support in terms of enterprise development

in the form of credit, training in marketing and management, markets and extending social security to all urban informal-sector workers.

I. Rural/urban linkages

71. In rural regions marked by landholding inequality, high population growth, environmental degradation and policies favouring large-scale commercial production over small-holders' agricultural production, the feminization of rural poverty has become a major push factor in rural-to-urban migration.

72. A considerable portion of the rural family income may consist of migrants' remittances, which sometimes indeed help to alleviate rural poverty. However, sometimes insufficient amounts and irregularities in remittances add to the economic and social vulnerability of rural women and entire households, and may, in fact, represent a strong push factor in a second move of rural out-migration which includes women.

73. The changing gender relations attributable to male rural exodus still need a greater empirical record and overall insight, but there is now sufficient evidence to appreciate rural women's social and economic contributions, which often benefit circles beyond their own families and local communities. For example, with rural areas taking up the costs of raising a proportion of children sent from cities, cities are relieved of the financial burden related to providing them with social infrastructure and services (schools etc.). This contribution from rural women in maintaining the general well-being of the rural family and the rural community should be recognized and supported.

J. Gender differentials in the health implications of urbanization

74. Ensuring the health of urban women is the key to sound urban development. Multiple studies have demonstrated that when the health of the female head of the household is compromised, the health of the rest of the family may be threatened. Deterioration in the health of family individuals may (especially when it is related to communicable diseases) in turn spread through a community and result in the loss of productive workers for urban development. Therefore, there is a dynamic interaction of gender relations and urbanization which affects lifestyles, productive and reproductive roles which in turn expose urban women to a complex set of health risks - e.g., malnutrition, infectious diseases (including sexually transmitted diseases and HIV infection), degenerative diseases, pollution, violence, accidents, injuries and other lifestyle-related illnesses such as alcoholism and drug addiction.

1. Productive role

75. At almost all socio-economic levels, working women are often the key to family survival. One study of middle- and lower-income families in Jakarta (estimated population 8.9 million in 1993) found that women's income was particularly critical in poor families. But across the board, substantial numbers of women are the sole supporter or significant contributors to family income. Loss of their income can be associated with a drop in the quality of family life: for example, the quality of food, housing, schooling and medical care are affected.

76. There is a change in the degree of participation of the younger and older age groups among urban women workers. The number of pre-reproductive-age girls who are already engaging in productive activities is increasing. In addition, those urban women who have completed their reproductive role are now entering the urban workforce.

77. Researchers need to assess the health implications of this demographic shift. In addition, policy makers need to reorient their emphasis in urban health planning by addressing the changing needs of the urban work force, many of whom are women. A number of specific health problems for female workers is presented in table 4.

78. In the context of high unemployment, a limited education and poor job skills relegate women to low-income occupations or to the informal sector, including domestic service, which may be seen as an extension of their gender role.

79. It is becoming common for companies and multinationals to subcontract work for local production. Such work, often done for low pay and under dangerous working conditions, is most frequently carried out by women. The working hours are often long. However, the male partners may not be helping with the care and protection of their families, particularly of the younger children.

Table 4. Risks to the health of female workers

Work conditions	Potential work-related exposures	Gender-specific health risks for women
Factors in the work environment that create threats to physical safety	Lighting, extremes of weight-bearing and ergonomics	Menstrual dysfunctions; increase risks of threatened abortions
	Exposure to high levels of noise, toxic chemicals and, at times, extremes in weather conditions	Potential musculo-skeletal malformation for permanent damage among child workers
	Unsafe tools and equipment	Foetal defects resulting in spontaneous abortion
		Skin problems from mild eczema to discoloration
		Disfigurement from loss of limbs from worksite injuries or accidents
Stress and long working hours	Long work hours in addition to household duties	Chronic fatigue, reduced productivity and absenteeism due to the need to care for the sick in the family
	Lack of time and energy for activities outside of work such as continuing education, time with children and spouse	Reduced immunity, with subsequent increase in susceptibility to infections such as tuberculosis and respiratory infections which will be aggravated if accompanied by malnutrition
		Reduced concentration, with increased risk of injuries and accidents
		Increased stress in interpersonal relationships, potential for depression, anxiety, family breakdown or alcohol and drug abuse
Sexual harassment/abuse	Physical or verbal intimidation or harassment	Rape, unwanted pregnancy, loss of self-esteem, self-respect
		Sexually transmitted diseases, including HIV and hepatitis

Source: N. Nboi, "Urban women in Indonesia: some issues of work and health", adapted with L. Hsu, and presented to the seminar on urban women held at INSTRAW, 22-25 November 1993, pp. 6-7.

80. As growing numbers of women enter the workforce and are exposed to new and often unfamiliar health risks related to the urban setting and the workplace, it is necessary to strengthen the understanding of gender-specific, work-related health concerns. It is also necessary to extend the spectrum of health efforts beyond the historical priority given to issues of reproductive health for women of reproductive age.

2. Alcohol and drug abuse 7/

81. Drug supply and demand are growing in many parts of the world, especially in urban areas. Alcohol- and drug-related problems concern both female users and female partners of male users in various social, cultural and economic environments. Society's attitudes to women have often resulted in women's alcohol- and drug-related problems being concealed. Women have to deal directly and indirectly with problems related to drug use. For example, one study reported that 80 per cent of males who inject drugs have sexual relations with women who do not use drugs.

82. Some urban women, with increased access to alcohol and drugs, social acceptance of drug use in urban settings, competition in employment and stress in interpersonal relationships may resort to increased alcohol and drug consumption. Whether alcohol and drugs are consumed inside or outside the home, women experience adverse social, health and economic consequences, which can include domestic violence. A Central American study showed that 97 per cent of reported domestic violence involved a male perpetrator who abused alcohol.

83. Certain women who are subject to physical or sexual violence by their drug-using partners or parents may none the less feel responsible for caring for their families or may be without alternative means of livelihood for economic, social or cultural reasons. A woman living with a drug-dependent spouse is often, by necessity, the sole supporter of her family. The financial burden and the stress involved may, in turn, contribute to her use of tranquillizers or alcohol. In addition, such women, including partners of men who inject drugs, are at risk of sexually transmitted diseases (STD), including infection with the human immunodeficiency virus (HIV) and hepatitis. Many women are not in a position to negotiate for safer sex. Some women trade sex to support their partner's drug use and may move into drug use themselves. However, women with drug-related problems face barriers in gaining access to treatment. Many treatment facilities do not admit women, either as a rule or as a practice.

84. Female children who live with drug-dependent parents or guardians are especially at risk of dropping out of school to care for their families, undertake household chores, be sold as child brides, child labourers or child prostitutes or work in factories to support the family. Accidents and injuries tend to occur more frequently among the children of drug-dependent parents. The mental and social development of children in families affected by drug or alcohol abuse represents a significant challenge for comprehensive prevention programmes. Table 5 provides a summary of gender analysis and drug abuse.

Table 5. Gender analysis of drug abuse

Female drug abuser	Male drug abuser	Female non-drug user who is partner of male drug abuser
Because society does not accept that women use drugs:	Because society accepts male drug and alcohol use:	
1. Hides at home, ashamed	1. Can use drugs/alcohol in public with less risk of social disapproval	1. Tolerates partner's drug abuse for love or cultural, social and economic reasons
2. Feels guilty towards unborn children for exposing the foetus to drugs or the potential of HIV transmission	2. Is not held responsible for foetal defects related to parental drug and alcohol use or the potential of HIV transmission	2. May not know that partner is abusing drugs
3. Feels guilty for not being a "good" mother, wife or caretaker in the family	3. Takes little or no responsibility for child care, family support, household work or caring for the elderly or the sick in the family	3. Is subject to domestic violence, often drug-related
4. Is held responsible for her drug abuse, blamed and expected to cope	4. Is not held responsible for his drug abuse	4. Feels shame, guilt and frustration
5. Is at higher risk than men of STDs, including HIV infection through unsafe sexual behaviour or from IDU	5. Finds it easier to locate treatment and rehabilitation programmes	5. Is afraid that children will get hurt by partner's violence or that children may be sexually abused by partner

Female drug abuser	Male drug abuser	Female non-drug user who is partner of male drug abuser
Most treatment/ rehabilitation programmes do not consider the special needs of women - e.g., child care, how to deal with feelings of guilt and shame, gender-related interpersonal relationship difficulties, and empowerment training	6. Is at lower risk for STDs, including HIV infections Most treatment programmes are based on the needs of men, who often, as opposed to women, can count on somebody else to care for their children/family and who do not have the same feelings of gender-based shame and guilt	6. Feels guilty for not being a "good" mother 7. Might take to drugs to ease stress 8. Is exposed to the risk of STDs, including HIV infections 9. Takes on household financial responsibility and supports partner's drug use 10. May be sexually abused by partners or may be pressured into sex trade to support partner's drug use Even when women's refuge or counselling centres are available, they usually focus on protecting and assisting the women. Few also offer assistance to violent men or couples. Few have sufficient resources to carry out preventive programmes, such as training in schools or training of social workers

Source: L. Hsu, "Women and drug abuse, position paper, with contributions from various United Nations agencies, presented to the seminar on urban women held at INSTRAW, 22-25 November 1993.

Note: STD = sexually transmitted disease
HIV = human immunodeficiency virus
IDU = injecting drug use

3. Reproductive role 8/

85. Some 500,000 women die each year from avoidable causes related to uncontrolled fertility and complications of pregnancy and childbirth. Reproductive capability is reached before social and physical maturity is completed. Pregnancy and child-bearing during adolescence, especially early adolescence, involve considerable health risks to both mother and child. There is a trend towards more early and unwanted pregnancies among urban teenage girls.

86. Population and reproductive health programmes have a vital role to play in saving lives and improving the quality of life and women's productive capabilities. Even though the use of contraception has increased substantially in many parts of the world, there remain much unmet needs, especially among urban teenagers.

87. Women's advancement, health, education and right to reproductive-health choices are mutually reinforcing and should be pursued simultaneously and in a holistic manner. Sustainable development cannot be achieved without the full participation of both women and men in all aspects of productive and reproductive life. Widespread access to information and services responsive to women's and men's concerns should be provided and their fuller participation stressed. Women's control over their own lives - and specifically their fertility - cannot be achieved without access to culturally acceptable and affordable family life education information and services.

88. Traditional practices that enhance health should be promoted, whereas those that are harmful, particularly to the health of women and girls should be discouraged. Of those harmful practices to women, female circumcision, or female genital mutilation, represents the most dramatic risk of ill-health, including haemorrhage, infection and death. Circumcised women run an increased risk of delivery complications and their choice of contraceptives is severely limited. The practice is a major health and social problem and affects some 80 million women and girls in Africa alone.

89. Non-governmental organizations and other self-help, popular-participation initiatives have proven their effectiveness in enabling women to help themselves. Women's organizations have been among the most active and creative.

90. Access to reproductive health and other health services for new urbanites are hindered by language barriers, unfamiliarity with the cities and its services or bureaucratic systems such as the need of proper identification to have access to services.

4. HIV/AIDS 9/

91. WHO estimates that by the year 2000, over 13 million women will be infected by the human immunodeficiency virus (HIV) and 4 million of them will have died. In 1993 alone, more then 1 million women will become infected.

92. There is a strong association between urbanization and HIV infection. Mobility compounds the problem. For example, a study in southern Africa found that HIV infection was approximately three times more common among those who had changed their place of residence within 12 months. Over and above this association, the correlation between the male-dominated oscillatory migration pattern (from rural to urban to work and from urban to rural to go home) and HIV transmission to women has become an urgent problem to address.

93. The lower cultural and socio-economic status of women is facilitating and speeding up the heterosexual spread of HIV infection in urban areas today. At the same time, the spread of HIV and of the acquired immune deficiency syndrome (AIDS) is threatening to erase whatever progress has been made in raising the status of women over past decades by tying women to their caring roles, thus limiting their access to education and income-generating activities. For this reason, merely looking at the subject of women and AIDS from a health perspective is not enough. A gender analysis of the socio-economic and cultural causes and effects of the epidemic is necessary in order to achieve a more comprehensive picture of the magnitude of the problem and prompt ideas on how to combat the epidemic effectively. Using gender analysis to examine the spread of AIDS can assist officials in developing a more effective approach to fighting the epidemic. However, this requires new ways of thinking about HIV/AIDS.

94. Social pressures related to women's reproductive role, including expectations that women will be mothers or will produce many children, make it difficult for some women to consider condom use. In fulfilling reproductive expectations, women not only risk infection due to unprotected vaginal intercourse but also risk transmitting the virus to a child if they become pregnant.

95. The empowerment of women redesigned gender relations and other means of income for women could have an important impact on reducing the spread of HIV infection.

5. Nutrition 10/

96. Household food security is less common in urban areas than in rural ones because there is less potential urban land for cultivating food supplies.

97. Nutritional well-being is a prerequisite for the achievement of full social, mental and physical well-being. Access to nutritionally adequate and safe food, on the one hand, and to safe water, on the other, is often hindered by the continuation of social, economic and gender disparities; discriminatory practices and laws; and natural calamities. Governments should make budgetary allocations adequate to ensure a continuous supply of food in urban areas through proper infrastructure development, including food preservation, transport, storage and distribution systems.

98. Adequate nutrition for women and girls is crucial. It is particularly important to provide nutritional support for women - especially working women, whether paid or unpaid - throughout pregnancy and breast-feeding and during the early childhood period. Men should be motivated through appropriate education

to assume an active role in securing the nutritional well-being of all members of their families.

99. The most nutritionally vulnerable are pregnant and nursing women, infants, children, disabled people, the elderly, and alcohol- and drug-abusers, particularly those in poor urban households or homeless. Priority must be given by the Government and communities to protecting and promoting the nutritional well-being of these groups. The good nutritional status of these groups is necessary for reducing diet-related communicable and non-communicable diseases in the urban community.

100. The private sector, including small-scale producers and processors, industry and non-governmental organizations, must be encouraged to promote nutritional well-being by considering the impact of their activities on the nutritional status of urban dwellers.

101. Governments need to:

(a) Stabilize food supplies from year to year and during the year;

(b) Ensure households physical, social and economic access to enough food to meet their nutrition needs;

(c) Ensure a stable supply of fuel for cooking meals;

(d) Employ production and marketing systems based on safe and renewable resources that protect the environment and bio-diversity;

(e) Improve access to work opportunities for urban workers, especially female heads of households, those employed in the informal sector, the unemployed or underemployed.

This should be done through strategic food security reserves, a first line of defence in emergencies. Urban households should be able to meet emergencies through household and community food storage, group savings and credit schemes, diversification of income and employment sources, and improved marketing infrastructure.

IV. INTERVENTIONS BY THE STATE, THE MUNICIPALITY, THE PRIVATE SECTOR AND NON-GOVERNMENTAL ORGANIZATIONS

102. In urban areas, interventions, whether by the State, municipal authorities, the private sector, non-governmental organizations or international institutions, have gender consequences, even unintentional ones.

103. At the macro level, policies in urban zoning, for example, locate manufacturing and service sectors in ways that make them unequally accessible to men and women. Business and industry reinforce existing job segregation patterns, consequently often reinforcing the traditional roles of men and women.

104. The paragraphs below focus on four interventions specifically designed to improve the situation of urban women, particularly of subgroups of poor women (e.g., single women, women heads of household). The projects were executed by the State, a local authority, the private sector and a non-governmental organization. They are evaluated from a gender perspective, in order to examine their impact on women, men and children (separately and jointly) in the areas of production, reproduction and community organization.

A. State project in the small-scale industrial sector

105. In addressing itself to the urban unemployment issue, one Government established the Small Industries Development Organization (SIDO) to handle the planning, promotion and development of the small-scale industrial sector in the country. Small-scale industries offer obvious advantages in terms of size of investment, output, labour, productivity and employment. They also provide business opportunities for those denied formal or vocational education.

106. In its first phase, SIDO provided loans to its clients. An assessment then showed that the majority of the beneficiaries had been men. Therefore, a woman's desk was established within the organization to centralize the promotion of projects for women and build up entrepreneurship among women. It was found that, due to cultural and social norms, women were not being given the necessary attention, and were left to concentrate on their reproduction role.

107. The project is showing positive results. Women in urban areas are being encouraged to enter the small-scale industrial sector. NGOs are contributing to the effort by financing projects within the SIDO framework which promote the productive roles of women and raise their socio-economic status.

B. Municipal project on households headed by women

108. This project aims to improve the quality of life in households headed by women, usually single-parent households, by improving the economic capability of the women, and providing services for childcare. It seeks to decrease the gender imbalances the families experience because of single parenthood. Health care for the women and children is organized in a manner compatible with working schedules. The project also provides housing and legal assistance, mainly for obtaining child support from the fathers.

109. Run by the municipality, the project emphasizes the empowerment of women, through the promotion of their organization and workshops to build up a gender identity.

C. Non-governmental organization project on community housing

110. Through the HOBI programme (hogares de bienester, or welfare homes), several Governments provide childcare and nutritional supplements to children in poor settlements. The non-governmental organization project attached itself to the public programme in order to participate in an evaluation of the housing

situation of the "community mothers/fathers", who are volunteers - most of them women. They each take care of 15 children in their homes and receive a "salary" (10 months/year) at half the minimum legal rate, food for the children, a stipend to pay for services, and a small amount (up to $4 a month) from the parents that pays for another person, called an "auxiliary mother", to help them.

111. The shelters which HOBI operates lack the most basic necessities. The new function causes family conflicts, because it reduces privacy, and the households have to pay high service bills. Although some resources and possibilities, such as housing subsidies, exist, the community mothers lack information to apply for it. Often they cannot meet the required conditions for subsidies.

112. The community mothers are a strategic sector of the population in urban areas. Through their labour, greater community leadership has been achieved, with positive results for other areas of community work. The social impact that they make is undeniable.

D. Private project on social responsibility

113. A large industrial corporation started a "socialization programme" to encourage better production by its male employees. Initially, when it offered only single quarters for those employees, the following problems arose:

(a) Families were disrupted (women and children stayed behind in rural areas);

(b) Spouses remained undeveloped in the rural areas because of lack of opportunities and resources;

(c) Promiscuity which influenced fertility and AIDS with men in cities.

114. As a result, the men expressed the need to live and work in family units, and the company provided communal accommodation. It also extended support services which included the following:

(a) Basic skills training by social workers;

(b) Literacy training by the company;

(c) Pre-school services for the children;

(d) Urban socialization programmes;

(e) Job creation;

(f) Health and family planning services;

(g) Sport facilities.

E. Gender analysis of the projects

115. Gender analysis of the projects was necessary in order to arrive at a realistic picture and know that one was not confusing types of activities that can improve the situation of women, at least partially, with activities that do not change their status. To illustrate this point: a successful income-generating activity may improve the economic well-being of the family or the financial autonomy of the women, but not if the husband, as a result, reduces his contribution to the household. In such cases, as frequently happens, the double burden of the women increases, and her status remains unchanged, while that of the husband can improve. Projects aiming at opening credit opportunities for women may help women set up businesses and improve their status, but they may help only the husband if the wife merely serves as a front to enable him to obtain credit.

116. Applying gender analysis to a project requires taking into account the fact that women (and men) are not a homogenous category. Besides class, ethnicity, age and other such critical factors, even a category such as "women in poverty" is not a homogeneous one. Similar projects therefore have differing impacts on women's status, depending on whether the women are single, heads of household, married etc. For example, an improvement in the income of either a single woman or a married woman may lead to her employing, at the lowest possible cost, a housegirl to assist with housework. It may make a single woman attractive on the marriage "market" whereas it may oblige a married woman to assist the extended family with her new income or to divert funds from the project to her husband. The outcome is thus influenced by a number of factors which depend on the local culture. Predicting whether the woman's status will improve after an intervention is a difficult, but necessary, task, in order to guide the decision maker or the donor. One cannot be content with predicting the outcome of increased income in an income-generating project or increased leadership roles in a community management project, since such gains may be offset by losses elsewhere, particularly in terms of time.

117. A gender analysis to projects requires an examination of the results for women and men in the areas of production, reproduction and community management. The experts at the Santo Domingo meeting analysed the projects presented, looking into their objectives, the criteria set for participating in them and their impact in a number of areas.

118. First, it was observed that men, whether at the State level, or local-authority level or as spouses of women beneficiaries, were often resistant to activities aimed at women. Fears of projects that might destroy the family or intervene in the private sphere were voiced. Such resistance could be overcome by showing that the projects benefited the whole family (not just the women) and also reduced welfare demands. However, the issue of the empowerment of women through project activities remained a delicate one.

119. In the area of production, the following were considered important: acquisition of skills; net income for the women; autonomy in decision-making in the economic area; number and distribution of hours worked; multiplier effects such as job creation. The effects on the husband were also discussed, such as his control over the utilization of loans or the distribution of profits, thus

possibly jeopardizing the success of the activity. This was important since it was shown that in certain cases, the husband might stop his own work activity and become the main beneficiary of the wife's new activity.

120. In the area of the reproductive roles of women and men, it was found necessary to follow the impact of the new production activities in the domestic sphere. Generally women needed to employ housegirls to help with domestic work since husbands did not share it, even with changes in the women's workload. It was noted that such household help was often highly exploitative: employment at minimum cost, without any social protection, and dismissal if the housegirl fell sick or became pregnant. Although the household chores would thus be reduced for the women, the household responsibility was not shared with the husbands. The double burden and work hours of the wives could increase considerably. However, power and decision-making in the household were often redistributed to some extent. Conditions under which they would change needed to be carefully examined in order to ensure that the woman's status would effectively improve. It was also noted that in many cases the husband would be a major beneficiary since he might contribute less financially to the household while largely retaining his authority, power and control over the wife's time and income, in particular since his approval for activities or schedules was often required.

121. In many cases, the clear beneficiaries were the children: increased income was devoted to their needs and in opening opportunities for them, in particular in the area of education. It was shown that daughters were treated much more fairly than their mothers. This intergenerational improvement in status was considered an area which needed more study. Another effect of the work of the wife was noted: a reduction in fertility. This has frequently been observed in population studies but received some new light from the gender perspective. It was not only the incompatibility between work and household, as perceived by the woman which played a role but also the support of a husband who realized that he stood to lose if his wife could not maintain her new source of income.

122. It was observed that urban projects providing economic opportunities for women often had favourable results in the reproduction roles of women but with a delayed effect. This was due, it seemed, to the time it took for women to improve their self-image and esteem, their negotiation skills and thus their ability to obtain endorsement of their views and priorities - for example, in spending money for improving their housing.

123. In the third area identified by gender analysis - community organization - positive results appeared rather clear. Once women entered the production sphere, they were frequently motivated to become active in community activities, ranging from business associations to organizing child care. They often emerged as leaders and served as role models. This enabled them to perfect their negotiating skills and to become community spokespersons in dealing with municipal authorities. The drawback to this involvement in community activities was an increase in working hours, adding a third burden to the other two.

124. As to the men, they often benefited from the increasing role of women in community organization for the simple reason that the women's negotiations with authorities benefited everybody.

125. Gender analysis revealed that in many cases there was addition rather than substitution of roles. The key issues, in all cases, remained the conflicts and burdens created by reproductive roles. An increase in burdens had to be weighed against the building of gender identity and self-confidence, which are crucial elements in empowerment.

126. Empowerment of women was, in the final analysis, the criterion for measuring the success of an intervention. In order to achieve empowerment, interventions had to take a holistic rather than sectoral, or narrow, approach and consider women as actors rather than beneficiaries of urban development. Such a holistic approach could only succeed if there was cooperation and coordination between state, municipal authorities, non-governmental organizations and the private sectors.

127. In view of the present difficulties in applying gender-sensitive strategies in the urbanization process, research is necessary to develop concepts, identify important interrelationships and disseminate those concepts to the public at large.

Notes

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